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Docket Number (Optional)

8371/9

REISSUE APPLICATION FEE TRANSMITTAL FORM

R- ISSUE
10/29/01

Claims as Filed – Part 1							
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 4	Total Claims (37 CFR 1.16(i))	(B) 4	0	x \$9=		or x \$18=	\$0
(C) 1	Independent Claims (37 CFR 1.16(j))	(D) 1	0	x \$42=		x \$84=	\$0
Basic Fee (37 CFR 1.16(h))					\$ 370	\$740	
Total Filing Fee					\$	OR	\$

Claims as Amended – Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	38	MINUS	20	= 18	x\$9=		or x\$18=	\$324	
Independent Claims (37 CFR 1.16(i))	4	MINUS	1	= 3	x\$42=		x\$84=	\$252	
First Presentation of Multiple Dependent Claim				=	x\$140=		x\$280=		
Total Additional Fee					\$		OR	\$576	

*If the entry in (D) is less than the entry in (C), Write "0" in column 3.

**If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

***After any cancellation of claims

****If "A" is greater than 20, use (B-A); if "A" is 2 or less, use (B-20).

*****Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. 23-1925 in the amount of \$
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any over payment to Deposit Account No. 23-1925.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$1,316.00 to cover the filing/additional fee is enclosed.

October 29, 2001
Date


Signature of Applicant, Agent or Agent of Record

John C. Freeman
Typed or Printed Name